

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.



For Official use only

Application Type* ☒ New ☐ Update

7R EH ILOOHG EV ILQDQFLDQYQWMLWXLWLRQ (Mandatory for KYC update request)

Account type* ☒ Normal ☐ Simplified (for low risk customers) ☐ Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input checked="" type="checkbox"/> Name* (Same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*			
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> In-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code)	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business <input type="checkbox"/> Forex Dealer		
	<input type="checkbox"/> X- Not Categorised		

PHOTO

LONGITUDE
LATITUDE
Date & Time

Signature / Thumb Impression

2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* _____

Tax Identification Number or equivalent (If issued by jurisdiction)* _____

Place / City of Birth* _____ ISO 3166 Country Code of Birth* _____

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	Passport Expiry Date
<input type="checkbox"/> B- Voter ID Card	
<input checked="" type="checkbox"/> C- PAN Card	
<input type="checkbox"/> D- Driving Licence	Driving Licence Expiry Date
<input type="checkbox"/> E- UID (Aadhaar)	
<input type="checkbox"/> F- NREGA Job Card	
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	
	<input type="checkbox"/> Simplified Measures Account - Document Type code			


Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

✓ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)			
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')			
Line 1*			
Line 2			
Line 3	City / Town / Village*		
District*	Pin / Post Code*	State / U.T Code*	ISO 3166 Country Code*
✓ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)			
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details		<input type="checkbox"/> Same as Correspondence / Local Address details	
Line 1*			
Line 2			
Line 3	City / Town / Village*		
State*	ZIP / Post Code*	ISO 3166 Country Code*	
✓ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)			
Tel. (Off)	Tel. (Res)	Mobile	
FAX	Email ID		
6. DETAILS OF RELATED PERSON) (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)			
<input type="checkbox"/> Addition of Related Person		<input type="checkbox"/> Deletion of Related Person	
		KYC Number of Related Person (if available*)	
Related Person Type*	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorised Representative
			<input type="checkbox"/> Guardian of Minor
Prefix	FirstName	MiddleName	LastName
Name*			
(If KYC number and name are provided, below details of section 6 are optional)			
PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)			
<input type="checkbox"/> A- Passport Number			Passport Expiry Date
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence			Driving Licence Expiry Date
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)			Identification Number
<input type="checkbox"/> S- Simplified Measures Account - Document Type code			Identification Number
7. REMARKS (If any)			
8. APPLICANT DECLARATION			
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under t a k e to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.			
Date		Place	<div style="text-align: center;">  FH28 </div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
		Signature / Thumb Impression of Applicant	
9. ATTESTATION / FOR OFFICE USE ONLY			
Documents Received <input type="checkbox"/> Certified Copies			
KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date		Name	Vijeta Broking India Pvt Ltd
Emp. Name		Code	IN0770
Emp. Code			
Emp. Designation			
Emp. Branch	Mumbai		
Signature		Institute Stamp	